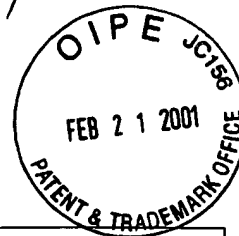


RECEIPT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


APPLICATION NUMBER: 09/730,331
FILING DATE: 12/05/2000
FIRST INVENTOR: ORLEN
GROUP ART UNIT: 2661
EXAMINER NAME:
ATTORNEY DOCKET NO.: CLRI00-013

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

On: 02-19-2001

By:


Michael J. DeLuca

REQUEST FOR FILING RECEIPT CORRECTION

Assistant Commissioner for Patents
Washington, D.C. 20231

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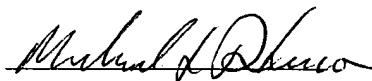
MAY 31 2001

Technology Center 2600

Sir:

The filing receipt of 01/24/2000 for the above identified application has a typographical errors. The city of the Applicant should be "Boca Raton" rather than "Bocaraton", and the name of one of the inventors is "DeLuca", rather than "Deluca". A copy of the proposed correction is attached. Thank you.

Respectfully submitted,



Michael J. DeLuca
Reg. No. 33,116

Please address all correspondence to:

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Intellectual Property Department
1920 Corporate Drive
Boynton Beach, FL 33426

Telephone (561) 733-2410
Facsimile (561) 733-9424



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/730,331	12/05/2000	2661	355	CLR100-013	3	20	3

CONFIRMATION NO. 8189

25774
CLARITI TELECOMMUNICATIONS INTERNATIONAL, LTD.
INTELLECTUAL PROPERTY DEPARTMENT
ATTN: MICHAEL J. DELUCA
1920 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

FILING RECEIPT



OC000000005700956

Date Mailed: 01/24/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Noah P. Orlen, ~~Boca Raton, FL;~~
Michael J. DeLuca, ~~Boca Raton, FL;~~

Boca Raton

Continuing Data as Claimed by Applicant

DeLuca

Foreign Applications

If Required, Foreign Filing License Granted 01/22/2001

Projected Publication Date: 06/06/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Hybrid two-way radio communication system

Preliminary Class



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SS #3
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Bib Data Sheet

CONFIRMATION NO. 8189

SERIAL NUMBER 09/730,331	FILING DATE 12/05/2000 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. CLR100-013
APPLICANTS Noah P. Orlen, Boca Raton, FL; Michael J. DeLuca, Boca Raton, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/22/2001 ** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: [Signature] Initials: TT		STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 20 INDEPENDENT CLAIMS 3
ADDRESS 25774				
TITLE Hybrid two-way radio communication system				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	